

MAR 10 1940  
S. No. 2  
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5-17-39  
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1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 8 1940  
Registration District No. 784

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12488  
Registrar's No. 536

Primary Registration District No. 202

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis County  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Veterans Administration Facility 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Admitted 10/27/39  
(Specify whether years, months or days) unknown

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis County  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #3, Box 91, Baden Station.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME George Gastorf  
36  
(b) If veteran, name war Philippine Insur 8. (c) Social Security No. -

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 15th  
year 1940 hour 6:30 minute 8 AM  
21. I hereby certify that I attended the deceased from October 27,  
1939, to March 15th, 19 40

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

that I last saw him alive on March 15th, 19 40  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Carcinoma of left kidney with  
intra-abdominal and pulmonary metas-  
due to tases.

7. Birth date of deceased June 2, 1882  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
57 9 13 hr. min.

Duration 1 yr.  
Due to \_\_\_\_\_  
5/1/40  
Other conditions None.  
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis, Missouri 0  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations See above. Oper. 1/2/40.  
Of autopsy No autopsy.  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Ernst Gastorf 6  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Bertha Camp  
15. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Clinic Dr. Schullig  
(b) Address Vet. Adm. Fac., Jeff. Bks., Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/40  
(Month) (Day) (Year)  
(c) Place: burial or cremation National Cemetery

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) NO  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
70' While at work? See above (Specify type of place)  
23. Signature C.W. HUGHES, M.D. (M. D. or other) !  
Address Ch. Med. Off., Vet. Ad. Fac. Date signed \_\_\_\_\_  
Jefferson Barracks, Mo.

18. (a) Signature of funeral director Math. Hermann & Son  
(b) Address 2161 East Fair Avenue  
19. (a) MAR 16 1940 (Date received local health officer) (b) C.W. Hughes, M.D. (Registrar's signature)

STATEMENT BY LICENSED EMBALMER . . .

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Henry Hampton*

Licensed Embalmer No.

*2967*

P. O. Address

*St. Louis, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**